



MISSOURI DEPARTMENT OF HEALTH
STATE PUBLIC HEALTH LABORATORY
CMI INTOXILYZER 5000 MAINTENANCE REPORT

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; Retain original in department file.

INTOXILYZER 5000 SN	DATE OF INSPECTION
LOCATION OF INSTRUMENT (STREET AND CITY)	TIME OF INSPECTION

CHECKLIST

Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

☐ DVM TEST: (.350 ± .150) _____

☐ DIAGNOSTIC CHECK (PRINTOUT ATTACHED) _____

☐ CHARACTER DISPLAY TEST _____

☐ PRINT TEST (PRINTOUT ATTACHED) _____

☐ TIME AND DATE _____

☐ CALIBRATION CHECK —

Run three tests using a standard solution. All three tests must be within ± 5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (USE CAL. CHECK MODE) (PRINTOUT ATTACHED)

☐ 0.100% STANDARD — MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE

☐ 0.040% STANDARD — MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

(ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

TEST 1	TEST 2	TEST 3
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☐ SIMULATOR TEMPERATURE (34° ± .2°C) _____

☐ PERFORM RFI TEST (PRINTOUT ATTACHED) _____

☐ NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF SUBJECT BREATH TESTS IN EACH RANGE AS FOLLOWS: **(DO NOT INCLUDE SIMULATOR TESTS)**

REFUSALS	0-.04	.05-.09	.10-.14	.15-.19	Over .19
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List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

INSPECTING OFFICER

SIGNATURE 	PRINT NAME
TYPE II PERMIT NUMBER/EXPIRATION DATE	TELEPHONE NUMBER